



QUARTERLY ELIGIBILITY/STATUS REPORT

For CASH AID, FOOD STAMPS, AND STATE CMSP

THIS REPORT IS FOR THE MONTH OF _____

COMPLETE, SIGN AND RETURN THIS FORM BY THE 5TH OF THE MONTH AFTER THE REPORT MONTH

NEED HELP? CALL YOUR WORKER.

Worker Name: _____

Worker Phone: _____

BAR CODE: _____

Request to Stop Benefits (If you fill in this part, sign and date the back of this form. You can reapply at any time.)

I ask that my ☐ Cash Aid ☐ Food Stamps ☐ Medi-Cal ☐ State CMSP be stopped on the last day of: _____ MONTH/YEAR

Part 1: What happened *IN* the Report Month?

1. Did anyone get income from a job or training program or any other source? ☐ YES ☐ NO
If "YES", list all income below and attach pay stubs or other proof. (See instructions for examples of income.)

Who got the income?	Source	Gross amount	\$	\$	\$	\$	\$
		Date received					
		No. of hours worked or in training					
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		Date received					
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		Date received					
		No. of hours worked or in training					

2. Did anyone pay for the care of a child, disabled person or other dependent while working, seeking work, or attending school or training? ☐ YES ☐ NO
If "YES", list all costs below and attach proof.

Name of person who received care	Cost \$	Name of person who received care	Cost \$
3. Did anyone, who gets Food Stamps, pay court-ordered child or spousal support?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
If "YES", list the amount paid and attach proof of payment.			
Name of person who paid support	Cost \$	Name of person who paid support	Cost \$

Part 2: What has happened *SINCE* your last Quarterly Report?

4. Has anyone moved into or out of your home, or did you move in with someone else? ☐ YES ☐ NO
If "YES", complete below.

Full name of person	Relationship to you	Explain what happened	Date of change

5. Did anyone buy, get, sell, trade or give away any property? ☐ YES ☐ NO
(See Instructions for examples of property)

Who owns or got rid of the property?	Type of property	Value \$
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6. Has anyone in your home been convicted of a drug-related felony for possession, use or distribution of a controlled substance(s) or has anyone been avoiding or running from the law to avoid any felony prosecution, custody, or confinement after conviction, or is anyone in violation of probation or parole? If convicted of a drug-related felony, give date of conviction.

☐ YES ☐ NO

If Yes, who? _____ Date of conviction _____

7. Have any of the following happened to someone in your household?

☐ YES ☐ NO

If "YES", list below and attach proof.

- Married, divorced or separated?
- Became pregnant, had a baby, aborted or miscarried?
- Became disabled or recovered from a disability or major illness?
- Citizenship or immigration status change, or got a new card, form or letter from INS?
- Started, stopped, or changed health, dental or life insurance benefits, including MEDICARE coverage?
- Student age 16 or older, started or stopped school or college. You may claim costs of tuition, school transportation, etc.
- Started or stopped working, refused a job or training, number of hours worked or in training went up or down, or went out on strike?
- Started or stopped getting In-Home Supportive Services?
- **For Cash Aid Only:** Child(ren) ages 6-17 stopped or started attending school regularly?

Name of person(s)	Relationship to you	What happened?	Amount	Date of change
			\$	
			\$	

Part 3: What changes do you EXPECT in the next three months?

8. Do you expect any changes in income or expenses (except for housing and utility costs) in the next three months?

☐ YES ☐ NO

If "YES", list below and attach proof. (See instructions for examples of income and expenses).

Name of person	Source of income or type of expense	Why will it change?	What do you expect the total amount to be for each of the next 3 months?		
			Month 1	Month 2	Month 3

ADDRESS CHANGE

Fill in this section **ONLY** if you have moved or have a new mailing address.

NEW Home Address				New Phone	
Number	City	State	Zip Code	()	
NEW Mailing Address (If different from Home Address)				Date Moved	
Number	City	State	Zip Code		
Did your housing or utility costs go up because of this move? Explain:				<input type="checkbox"/> YES <input type="checkbox"/> NO	Amount \$

CERTIFICATION




I UNDERSTAND THAT: If on purpose I do not report all facts or give wrong facts about my income, property, or family status to get or keep getting aid or benefits, I can be legally prosecuted. And I may be charged with committing a felony if more than \$400 in Cash Aid, Food Stamps, and/or State CMSP is wrongly paid out. I have received a copy of the Instructions and Penalties for the Quarterly Eligibility/Status Report for Cash Aid, Food Stamps and State CMSP.

YOU MUST SIGN AND DATE THIS REPORT AFTER THE LAST DAY OF THE REPORT MONTH OR IT WILL BE CONSIDERED INCOMPLETE.

I declare under penalty of perjury under the laws of the United States and the State of California that the facts contained in this report are true and correct and complete for the entire report month.

WHO MUST SIGN BELOW:

For Cash Aid: you, your aided spouse and the other parent (of cash aided children) if living in the home.
For Food Stamps: the head of household, a household member or the household's authorized representative.
For CMSP: you, your spouse, or the person acting for the beneficiary.

SIGNATURE OR MARK 	DATE SIGNED	HOME PHONE ()	CONTACT PHONE ()
SIGNATURE OF SPOUSE OR OTHER PARENT OF CASH AIDED CHILD(REN) 	DATE SIGNED	SIGNATURE OF WITNESS TO MARK, INTERPRETER OR OTHER PERSON COMPLETING FORM 	DATE SIGNED